

923

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth stated.

PLACE OF BIRTH		ARIZONA STATE BOARD OF HEALTH	
1. County of <u>Sila</u>		BUREAU OF VITAL STATISTICS	State Index No. <u>138</u>
District of <u>Miami</u>		ORIGINAL CERTIFICATE OF BIRTH	County Registrar No. <u>671</u>
Town of _____			Local Registrar No. _____
or			
City of _____	No. _____	St. _____ Ward _____	
2. Full name of child <u>Guy Hall Ruggles - Jr.</u>	If birth occurred in a hospital or institution, give its NAME instead of street and number)		
	If child is not yet named, make supplemental report, as directed.		
3. Sex of Child <u>male</u>	To be answered ONLY in event of plural births.	4. Twin, triplet or other _____	6. Legitimate? <u>Mos</u>
		5. No., in order of birth _____	7. Date of birth <u>Oct. 18 - 1923</u>
			Month Day Year
8. FATHER		14. MOTHER	
Full name <u>Guy Hall Ruggles</u>		Full maiden name <u>Elhel Fay McBride</u>	
9. Residence (Usual place of abode) <u>Miami Arizona</u>		15. Residence (Usual place of abode) <u>Miami Arizona</u>	
If nonresident, give place and state		If nonresident, give place and state	
10. Color or race <u>White</u>	11. Age at last birthday <u>38</u> (Years)	16. Color or race <u>White</u>	17. Age at last birthday <u>36</u> (Years)
12. Birthplace (city or place) <u>Reading Mass.</u>	(State or country)	18. Birthplace (city or place) <u>Mansfield Ohio</u>	(State or country)
13. Occupation <u>Mining Engineer</u>	Nature of industry <u>Mining</u>	19. Occupation <u>Trained nurse -</u>	Nature of industry <u>Nursewife Sivermar,</u>
20. Number of children of this mother (Taken as of time of birth of child herein certified and including this child.)		21. Were precautions taken against ophthalmia neonatorum? <u>No</u>	
(a) Born alive and now living <u>1</u>			
(b) Born alive but now dead <u>0</u>			
(c) Stillborn _____			
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*			
I hereby certify that I attended the birth of this child, who was <u>born alive</u> at <u>10:50 P. m.</u> on the date above stated.			
(Born alive or stillborn.)			
*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.		Signature <u>John E. Bacon</u>	
		(Physician or midwife)	
Address <u>Miami Arizona</u>			
Given name added from a supplemental report _____		Filed <u>Oct 31</u> 19 <u>23</u> <u>C. E. Irwin</u>	
Month, day, year.		Local Registrar.	
Registrar.		Filed <u>11-6</u> 19 <u>23</u> <u>1385-102</u>	
		County Registrar.	

792-1013-545